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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	097720941				
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1						52					
2						53					
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45						96					
46						97					
47						98					
48						99					
49						100					
50						TOTAL IND.					
51						TOTAL DEP.					
52						TOTAL CLAIMS					
53						1360 (3-78)					
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											
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